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DEPARTMENT OF TRANSPORTATION

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

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Introduction

I am pleased to appear today to discuss the National Highway Traffic Safety Administration's strategy for reducing alcohol impaired driving in this country. Although substantial progress has been made in reducing drunk driving over the past decade, drunk driving remains an enormous societal problem. I would like to highlight our program and approaches, including our special concern for reducing drinking and driving by young people.

We see progress over the entire spectrum of highway safety. Despite increased travel, traffic deaths in 1992 were the lowest in 30 years. The fatality rate dropped to the lowest point in history.

Accomplishments in highway safety in the past 10 years overshadow all other periods in our history. Forty thousand people are alive today because of progress made in drunk driving since 1982, and an additional 30,000 lives were saved by increased safety belt use. Over \$50 billion in

direct costs were averted. The savings attributable to injury reductions more than doubles the dollars saved.

Despite our success, motor vehicle crashes still account for over 90 percent of U.S. transportation deaths. Vehicle crashes remain the leading cause of personal injury, with over 5 million people injured last year alone, 500,000 of whom were hospitalized. The direct economic cost to society has reached \$138 billion annually. Alcohol-related crashes account for \$46 billion of this cost.

Motor vehicle crashes are a major contributor to health care costs in this country, reaching \$14.4 billion per year, including \$4 billion paid by medicare and medicaid.

Overall Alcohol Safety: Status and Progress

In 1992, alcohol-related fatalities accounted for 46 percent of traffic deaths, down from 48 percent in 1991 and 57 percent in 1982. This single-year decline saved an estimated 800 lives. Our early estimates suggest that 18,000 people died in alcohol-related crashes in 1992, compared to 25,000 in 1982. That represents a 28 percent reduction during the past decade.

Progress with impaired young drivers was even more dramatic. In 1982, 5,380 young persons ages 15-20 died as a result of alcohol-related traffic crashes. By 1992, that level had dropped to 3,105 deaths, representing a 42 percent decline.

Factors Influencing Progress

Progress has occurred through combined efforts at the Federal, State and local level.

States have enacted stronger laws to control drunk drivers. While only 17 States had age 21 laws in 1982, all 50 States plus D.C. have them now, and many States are strengthening their provisions. Thirty-four States have passed administrative license revocation laws, compared with only 6 States in 1982. The number of States with .10 BAC laws has grown from 25 in 1982 to 38 States today, and 9 other States have .08 BAC laws. Four States have enacted .08 this year (New Mexico, New Hampshire, Florida and Kansas).

Federal leadership in alcohol safety has been exerted through technical assistance to State programs, research to develop effective countermeasures, and grants to encourage stronger State laws and effective

programs.

We work directly with police organizations to focus, for example, on the use of sobriety checkpoints, training to use breath-alcohol testers, and in encouraging them to adopt Standardized Field Sobriety Testing.

We have conducted research to test new strategies for reaching high-risk people who continue to drink and drive who also tend not to wear safety belts, and as such constitute a hard-core group that must be reached in order to continue our progress.

We also continue our major public education initiatives, such as publicity through the Ad Council ("Friends Don't Let Friends Drive Drunk") and National Drunk and Drugged Driving Month.

Grants to States are essential to stimulate and organize programs at the state and community level. Section 402 Grants are the cornerstone of the Federal-State partnership for highway safety, and serve as the means for introducing innovative countermeasures, many of which are developed with funds provided to NHTSA by this Subcommittee. States allocate one-third of their 402 grants each year to improve alcohol safety.

Section 408 and Section 410 alcohol program incentive grants have

encouraged States to pass and enforce strong, effective drunk driving laws, and to develop and implement innovative programs to combat impaired driving. Nineteen States qualified for Section 410 grants in FY 1992. Another 6 to 7 States are expected to qualify in FY 1993, and as many as 30 States may qualify in FY 1994.

The Secretary's Goals

Recently, Secretary Peña set goals for our programs that will guide us for the next several years. By 1997, the Secretary asked that alcohol-related fatalities be reduced to 43 percent, down three percentage points from the 1992 level of 46 percent, and that we achieve 75 percent safety belt use, up from the 1992 level of 62 percent. The success of other countries in achieving these levels of success, and exceeding them in some cases, gives us confidence that they are achievable. We will be working collaboratively with the States, law enforcement, MADD and others to develop strategies to ensure success.

Our programs to continue success in drunk driving include special attention to young people who drink and drive. Youth are over-represented in alcohol-related crashes. The recent Fairfax County crash

that killed a young woman following a party at a private residence is a tragic example of the problem. Existing laws controlling alcohol sales and drinking and driving must be effectively enforced for youth. In many cases, laws should be upgraded to include, for example, zero BAC tolerance for young drivers. We have worked with the States to pass these laws, and will continue to do so.

We need DWI enforcement, including enforcement of age 21 laws, and more States upgrading enforcement as a condition for receiving Section 410 grants. NHTSA has committed research dollars to develop new police training, and this is currently being implemented through the International Association of Chiefs of Police.

We also need better methods to deal with problem drinkers and repeat offenders. NHTSA is evaluating sanctions that separate convicted drunk drivers from their vehicle, and also working with the National Institute on Alcohol Abuse and Alcoholism to accurately screen DWIs for drinking problems to guide referral to appropriate treatment programs.

Special populations have to be addressed, reflecting the fact that drinking drivers are not a homogenous group. We're working with the

Harvard Alcohol Project to use modern advertising techniques to reach people who can influence the young male bar crowd. Programs and education are being developed and directed toward cultural and ethnic groups over-represented in drinking and driving.

Alcohol enforcement needs to be made more effective and efficient, with increased emphasis on combining alcohol and safety belt enforcement, and showing that DWI enforcement can reduce other crime as well. Police require better techniques for detecting drinking drivers, and the agency has research underway. States need uniform laws and sanctions, and need to encourage administrative license revocation, .08 BAC laws, and zero tolerance for young drivers in all States.

Prosecutors and judges must be able to respond to stepped up DWI enforcement. Improved training in handling DWI cases will be available to judges and prosecutors through the National Traffic Law Center, now established at the National District Attorneys Association. And we'll need a long-term effort on record systems to track DWI offenders through the adjudication system and to accurately record prior offenses.

Public awareness is essential. NHTSA will continue its successful

efforts with the Ad Council, the TEAM Program with sports leagues and arenas, and 3-D Month activities. We plan to continue to assist States in conducting locally-directed PI&E and the private sector with employer-based education programs through the Network of Employers for Traffic Safety.

Conclusion

We have the opportunity to take advantage of our momentum and make further reductions in drinking and driving. This would save more lives, avert more injuries and save dollars, including taxpayer dollars. Reducing impaired driving and increasing safety belt use can substantially reduce health care costs in the United States.

Programs to improve alcohol safety and other highway safety areas are one of our best buys in government. We achieve a great cost savings for a relatively modest investment, not to mention the significant impact on pain and suffering.

NHTSA appreciates the Subcommittee's continued support and leadership in our effort to improve alcohol safety. Mr. Chairman, that concludes my statement, and I would be pleased to answer your questions.